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500 ELIGIBILITY

501 Overview

This chapter discusses the criteria for eligibility for services from DES/DDD. It outlines the procedures to be used to apply for services and to determine whether the applicant is eligible to receive services from DES/DDD.

502 Requirements for DES/DDD Eligibility

A person is eligible to receive services, within available appropriations, from DES/DDD if that person voluntarily applies, is a resident of Arizona, gives informed consent, cooperates with the ALTCS eligibility process and meets established diagnostic and functional criteria. The specific criteria for each of these eligibility requirements are described in the subsections below.

502.1 Residency

A person is eligible to apply for services from DES/DDD if such person is a bona fide resident of the State of Arizona.

A.R.S. § 36-559

Resident means a person who physically resides within the State of Arizona with the intent to remain. The person who would receive the services must be the resident except in the case of minors whose residency is deemed to be the same as that of the custodial parent(s). The residency requirement is not applicable to foster children who are placed pursuant to A.R.S. § 8-548 and federal law regarding the Interstate Compact on the Placement of Children.

All applicants shall sign an affidavit stating current residency and intent to remain in Arizona. Applicant means the responsible person who has applied for DES/DDD services. An applicant shall show written proof of Arizona residency by providing one of the following types of documents:

- a. rent or mortgage receipt, or lease in the applicant's name showing the residential address;

- b. non-relative landlord statement indicating the applicant's name and address as well as the landlord's name and address and telephone, if applicable;
- c. applicant's Arizona driver's license;
- d. applicant's Arizona motor vehicle registration;
- e. signed employment statement from applicant's non-relative employer;
- f. utility bill in the applicant's name indicating the applicant's address;
- g. current phone directory showing applicant's name and address;
- h. United States Post Office records which show the applicant's name and address;
- i. a current city directory showing the applicant's name and address;
- j. certified copy of a church membership or enrollment record which indicates the applicant's current name and address; or
- k. certified copy of a school record which indicates the applicant's current address; or
- l. if an applicant has made all reasonable efforts to obtain documented verification as described above and has been unsuccessful, the affidavit signed by the applicant attesting to the applicant's present residence and intent to remain in Arizona shall be sufficient.

A.A.C. R6-6-405(A)

Form DD-023, Application for Eligibility Determination (Appendix 500.A) will serve as the affidavit attesting to residency.

502.2 Consent for Application for Services

Application shall be made on the forms specified in this chapter. Such form(s) must be signed by the responsible person. No admission to services may be made for any person without the consent of the responsible person.

A.R.S. § 36-560(A)(D)

For persons age 18 or over, the responsible person is the individual, unless that person has been adjudicated legally incapacitated and a guardian established by court order, in which case the legal guardian is the responsible person.

For persons under the age of 18, the legally responsible person is the parent or a court appointed guardian. If the child is a dependent ward of the court, the ACYF caseworker may sign the application if, after diligent efforts have been made and documented to contact the biological parent, it is determined that the parent is not available. For children between the ages of 14 to 18 who live in residential settings supported by DES/DDD, the child must also sign the application unless the Support Coordinator determines that the child does not appear to be capable of giving voluntary informed consent.

An adult capable of giving consent may apply for services from DES/DDD. If an adult applies for admission and reasonably appears to the Department to be impaired by developmental disabilities to the extent that he/she lacks sufficient understanding or capacity to make or communicate responsible decisions regarding his/her person, DES/DDD will require that prior to receiving programs or services, the person have a guardian appointed or shall have had a judicial determination made that it is not necessary to appoint a guardian for such person.

A.R.S. § 36-560(E)
A.A.C. R-6-6-402

An adult applying for services will be presumed capable of giving consent unless there is a court order declaring the person is legally incapacitated or the person's records indicate a diagnosis of profound or severe cognitive disability. Family members applying on behalf of an individual described as having profound or severe cognitive disability will be advised to file for guardianship and that a referral to the county public fiduciary may be made if there is no relative able or willing to act on behalf of the person.

502.3 Cooperation with ALTCS Eligibility Process

The responsible person shall be informed that should DES/DDD determine that the person may be potentially eligible for the Arizona Long Term Care System (ALTCS), the person must first be determined eligible or ineligible for ALTCS prior to receiving services from DES/DDD. In situations of immediate and compelling need, short term services may be provided to individuals with developmental disabilities who are in the process of ALTCS eligibility determination. Applicants who voluntarily refuse to cooperate in the ALTCS eligibility process, including redetermination, are not eligible for services from DES/DDD. Voluntary refusal to cooperate will not be construed to mean the applicant's inability to obtain documentation required for eligibility determination. The responsible person shall sign the Intake Application Form (DD-023, Appendix 500.A) explaining loss of benefits due to voluntary refusal to cooperate in the ALTCS eligibility determination process. See Section 506 for policy and procedures regarding determination of potential eligibility for ALTCS.

A.R.S. § 36-559(B)(C)
A.R.S. § 36-560(C)

Children birth to three years of age who are AzEIP eligible and DDD eligible may begin to receive services prior to the determination of ALTCS eligibility utilizing Part C funds.

502.4 Diagnostic and Functional Criteria for Children Age 6 and Above and Adults

Children age six and above and adults are eligible to receive services from DES/DDD, subject to appropriation, if they have a developmental disability pursuant to A.R.S. § 36-559.

"Developmental disability" is defined in A.R.S. § 36-551(15) as a severe, chronic disability which is attributable to cognitive disability, cerebral palsy, epilepsy or autism; is manifest before age eighteen; is likely to continue indefinitely; and results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency.

"Manifest before age eighteen" as defined in A.R.S. § 36-551(26) means that the disability must be apparent and have a substantially limiting effect on a person's functioning prior to age eighteen.

"Likely to continue indefinitely" as defined in A.R.S. § 36-551(25) means that the developmental disability has a reasonable likelihood of continuing for a protracted period of time, or for life.

"Substantial functional limitation" as defined in A.R.S. § 36-551(36) means a limitation so severe that extraordinary assistance from other people, programs, services, or mechanical devices is required to assist the person in performing appropriate major life activities.

A.R.S. § 36-551
A.A.C. R6-6-302

502.4.1 Cognitive Disability

"Cognitive Disability" as defined in A.R.S. § 36-551(28) means a condition involving subaverage general intellectual functioning and existing concurrently with deficits in adaptive behavior manifested before age eighteen.

"Subaverage general intellectual functioning" as defined in A.R.S. § 36-551(35) means measured intelligence on standardized psychometric instruments of two or more standard deviations below the mean for the tests used.

"Adaptive behavior" as defined in A.R.S. § 36-551(1) means the effectiveness or degree to which the individual meets the standards of personal independence and social responsibility expected of the person's age and cultural group.

Acceptable documentation of cognitive disability is a psychological or psychoeducational report prepared by a licensed psychologist, a certified school psychologist, or a psychometrist working under the supervision of a licensed psychologist or certified school psychologist. The psychologist must administer or supervise the administration of a reasonable battery of tests, scales or other measuring instruments which are culturally and linguistically appropriate and valid. The instruments used should be editions current for the date of testing.

Examples of testing instruments which are usually acceptable include, but are not limited to, the Wechsler Intelligence Scales (Wechsler Preschool and Primary Test of Intelligence, Wechsler Intelligence Scale for Children or Wechsler Adult Intelligence Scale), the Stanford-Binet, the Hiskey-Nebraska Test of Learning Aptitude, the Arthur Point Performance Tests, and the Kaufman Assessment Battery for Children. Generally, an intelligence quotient (IQ) of 70 (plus or minus the standard error of measurement for the test) or below on one of these tests equals two or more standard deviations below the mean.

Examples of testing instruments from which IQ equivalent scores are sometimes obtained but which cannot be used as the sole source for determining cognitive disability include, but are not limited to, the Peabody Picture Vocabulary Test, Raven's Coloured or Standard Progressive Matrices, Matrices Analogies Test, or assessments in which only portions of a Wechsler test are administered.

A complete psychological or psychoeducational evaluation report includes a medical, social, and/or educational history, a summary of previous testing results, results of the evaluator's interview with and/or observations of the individual and results of the individual tests of the battery administered. Useful scales designed to quantify adaptive behavior include, but are not limited to, the expanded form of the Vineland Adaptive Behavior Scales and the American Association of Cognitive disability's Adaptive Behavior Scales. Test scores alone are not a sufficient measure of adaptive behavior since most instruments are informant-based, rather than dependent upon direct observation of the individual, therefore, the most desirable assessment of adaptive behavior includes both standardized informant-based measures and direct observation of the individual in his or her natural settings of home, school or employment.

A report which contains only an IQ test score shall not be used as the sole source for documentation of cognitive disability.

The presence of cognitive disability is properly documented on Axis II in the diagnostic section of the psychological report, as defined by the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual (DSM). Axis II is the correct axis for cognitive disability and personality disorders and the assignment of a cognitive disability diagnosis to Axis II does not, in and of itself, imply that the cognitive disability condition is secondary to any condition reported on Axis I.

If the available documentation is a psychoeducational evaluation, the educational classifications of trainable mentally handicapped and severely or profoundly mentally handicapped are equivalent to a diagnosis of cognitive disability. The educational classification of educable mentally handicapped may be equivalent to a diagnosis of cognitive disability; such situations may require review by the DES/DDD Assistant Director or designee.

502.4.2 Cerebral Palsy

"Cerebral palsy" is defined in A.R.S. § 36-551(9) as a permanently disabling condition resulting from damage to the developing brain which may occur before, after, or during birth which results in loss or impairment of control over voluntary muscles.

Acceptable documentation of the diagnosis of cerebral palsy must include a statement signed by a licensed physician showing a diagnosis of cerebral palsy. Individuals who have acquired an impairment in control of voluntary muscles as a result of illnesses or traumatic brain injury occurring after age six (6) are not eligible in the absence of other qualifying conditions.

502.4.3 Epilepsy

"Epilepsy" is defined in A.R.S. § 36-551(18) as a neurological condition characterized by abnormal electrical-chemical discharge in the brain. This discharge is manifested in various forms of physical activity called seizures.

Acceptable documentation of a diagnosis of epilepsy must include a statement signed by a licensed physician showing a diagnosis of epilepsy or seizure disorder.

Persons with a history of febrile seizures or febrile convulsions in the absence of other qualifying diagnoses are not eligible for services from DES/DDD.

502.4.4 Autism

"Autism" is defined in A.R.S. § 36-551(6) as a condition characterized by severe disorders in communication and behavior resulting in limited ability to communicate, understand, learn and participate in social relationships.

Acceptable documentation of autism must include a statement by, or evaluation from, a licensed psychiatrist or a licensed psychologist with experience in the area of autism identifying a diagnosis of Autistic

Disorder (DSM Code 299.00), Rett's Disorder (DSM Code 299.80), or Asperger's Disorder (DSM Code 299.80). Rarely, in older records, autism may also be called Kanner's Syndrome and/or early infantile autism.

Individuals with a diagnosis of Childhood Disintegrative Disorder (DSM Code 299.10) or whose medical and/or psychological records refer to "autistic tendencies," "autistic behavior," or "autistic-like disorder" are not eligible for services from DES/DDD in the absence of other qualifying conditions. Individuals with a diagnosis of Pervasive Developmental Disorder (PDD) or Pervasive Developmental Disorder, Not Otherwise Specified (PDD, NOS) are not eligible unless upon review by the Assistant Director/designee it is determined the person has atypical autism.

502.4.5 Substantial Functional Limitations

In addition to a diagnosis of cognitive disability, cerebral palsy, epilepsy, or autism, documentation must be available to verify substantial functional limitations, attributable to one of the diagnoses noted above, in at least three (3) of the major life activities defined below:

- a. **SELF-CARE:** when a person requires significant assistance in performing eating, hygiene, grooming or health care skills, or when the time required for a person to perform these skills is so extraordinary as to impair the ability to retain employment or to conduct other activities of daily living.

A.R.S. § 36-551(15)(D)
A.A.C. R6-6-302(B)(1)

Acceptable documentation of limitations in this area include, but are not limited to, self-care goals and objectives on a child's Individual Education Plan (IEP), relevant comments in a psychological or psychoeducational evaluation, or relevant scores on the ALTCS Pre-admission Screening (PAS) or the Personal Living Skills section of the Inventory for Client and Agency Planning (ICAP).

- b. **RECEPTIVE AND EXPRESSIVE LANGUAGE:** when a person is unable to communicate with others, or is unable to communicate effectively without the aid of a third person, a person with special skills, or without a mechanical device.

A.R.S. § 36-551(15)(D)
A.A.C. R6-6-302(B)(2)

Acceptable documentation of limitations in this area include, but are not limited to, documentation in a psychological, psychoeducational, or speech and language evaluation or in a child's IEP of severe communication deficits, the use of sign language, a communication board, or an electronic communication device; or a relevant score on the ALTCS PAS or the Social and Communication Skills section of the ICAP.

- c. **LEARNING:** when cognitive factors, or other factors related to the acquisition and processing of new information (such as attentional factors, acquisition strategies, storage and retrieval), are impaired to the extent that the person is unable to participate in age-appropriate learning activities without utilization of additional resources.

A.R.S. § 36-551(15)(D)
A.A.C. R6-6-302(B)(3)

Acceptable documentation of limitations in this area include, but are not limited to, verification of placement in a special education program for the mentally handicapped.

- d. **MOBILITY:** when fine or gross motor skills are impaired to the extent that the assistance of another person or mechanical device is required for movement from place to place, or when the effort required to move from place to place is so extraordinary as to impair ability to retain employment and conduct other activities of daily living.

A.R.S. § 36-551(15)(D)
A.A.C. R6-6-302(B)(4)

Acceptable documentation of limitations in this area include, but are not limited to, documentation in the ICAP, PAS, medical, or educational records of the need to regularly use a wheelchair, walker, crutches, or other assistive devices, or to be physically supported by another person when ambulating.

- e. **SELF-DIRECTION:** when a person requires assistance in managing personal finances, protecting self-interest, or making independent decisions which may affect well-being.

A.R.S. § 36-551(15)(D)
A.A.C. R6-6-302(B)(5)

Acceptable documentation of limitations in this area include, but are not limited to, court records appointing a legal guardian or conservator; relevant comments in a psychoeducational or psychological evaluation; relevant objectives in an IEP; or relevant scores on the Community Living Skills section of the ICAP or the ALTCS PAS.

For children under the age of 18, the child's abilities in this area must be compared to what would normally be expected of a child of the same age who does not have a disability.

- f. **CAPACITY FOR INDEPENDENT LIVING:** when, for a person's own safety or well-being, supervision or assistance is needed at least on a daily basis, in the performance of health maintenance and housekeeping.

A.R.S. § 36-551(15)(D)
A.A.C. R6-6-302(B)(6)

Acceptable documentation of limitations in this area include, but are not limited to, relevant comments in a psychoeducational or psychological evaluation; related objectives in an IEP; relevant comments in a medical record; or relevant scores on the Personal Living Skills section of the ICAP.

For children under the age of 18, the child's abilities in this area must be compared to what would normally be expected of a child of the same age who does not have a disability.

- g. **ECONOMIC SELF-SUFFICIENCY:** when a person is unable to perform the tasks necessary for regular employment or is limited in productive capacity to the extent that earned annual income, after extraordinary expenses occasioned by the disability, is below the poverty level.

A.R.S. § 36-551(15)(D)
A.A.C. R6-6-302(B)(7)

Acceptable documentation of limitations in this area include, but are not limited to, receipt of SSI or SSDI benefits or eligibility for Vocational Rehabilitation services.

For children under the age of 18, the child's abilities in this area must be compared to what would normally be expected of a child of the same age who does not have a disability.

502.5 Criteria for Children Birth to Age 6

A child under the age of six years may be eligible for services if there is a strongly demonstrated potential that the child is or will become developmentally disabled as determined by appropriate tests.

"Developmental disability" is defined as a severe, chronic disability which is attributable to cognitive disability, cerebral palsy, epilepsy or autism; is manifest before age eighteen; is likely to continue indefinitely; and results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.

A.R.S. § 36-551(15)

To be eligible for DES/DDD services, a child age 0-6 shall meet at least one of the following criteria:

- a. have a diagnosis of cerebral palsy, epilepsy, autism or cognitive disability;
- b. be at risk for becoming developmentally disabled based on an identified delay in one or more areas of development or if there is likelihood that without services the child will become developmentally delayed or disabled; or
- c. have demonstrated a significant developmental delay as determined in one or more areas of development as measured on a culturally appropriate and recognized developmental assessment tool. Eligibility is exclusive of cultural and environmental factors.

Developmental delay will be determined by a physician or person formally trained in early childhood development who evaluates the child through the use of culturally appropriate and recognized developmental tools and his/her informed clinical opinion.

A.A.C. R6-6-301(F)

Conditions and situations which may demonstrate that a child is or will become developmentally disabled include, but are not limited to, the following:

- a. hydrocephalus;
- b. intraventricular hemorrhage, Grade 3 or 4;
- c. periventricular leukomalacia;
- d. congenital infection with known cognitive disability high risk association, such as cytomegalovirus (CMV), rubella or toxoplasmosis;
- e. birth weight less than 1000 grams, when there is evidence of neurological impairment or significant medical involvement such as severe bronchiopulmonary dysplasia (BPD), on oxygen, movement/position restrictions, etc.;
- f. microcephaly;

- g. chromosomal abnormalities with known cognitive disability risk association, such as Down syndrome or Fragile X;
- h. syndromes with known cognitive disability high risk association, such as Cornelia de Lange syndrome or Prader-Willi syndrome;
- i. meningitis or encephalitis if there is evidence of neurological impairment;
- j. alcohol or drug related birth defects, such as Fetal Alcohol syndrome;
- k. spina bifida when there is evidence of hydrocephalus or Arnold-Chiari malformation;
- l. neonatal seizures (afebrile);
- m. metabolic diseases with known cognitive disability high risk association, such as maple syrup urine disease or untreated hypothyroidism;
- n. post-natal traumatic brain injury;
- o. performance on a norm-referenced or criterion-referenced culturally appropriate and professionally accepted developmental assessment tool which indicates that the child has not reached 50% of the developmental milestones expected at his/her chronological age in one of the following domains:
 - 1. physical development (fine and gross motor skills);
 - 2. cognitive development;
 - 3. speech and language development;
 - 4. self-help skills; or
 - 5. psychosocial development.
- p. performance on a norm-referenced or criterion referenced culturally appropriate and professionally accepted developmental assessment tool which indicates that the child has not reached 75% of the developmental milestones expected at his/her chronological age in two or more of the following domains:
 - 1. physical development (fine and gross motor skills);
 - 2. cognitive development;
 - 3. speech and language development;

4. self-help skills; or
 5. psychosocial development.
- q. the parent or primary caregiver has a developmental disability and there is a likelihood that without early intervention services the child will become developmentally disabled.

For children qualifying under Section 502.5 (o) or (p) of this Manual, the assessment must be administered by a person knowledgeable and trained in early childhood development, such as a psychologist, newborn follow-up nurse, early intervention teacher, speech therapist, occupational therapist, physical therapist, physician, or social worker, with input from the parent/primary caretaker of the child.

Examples of acceptable developmental assessment tools include, but are not limited to, the Bayley Scales of Infant Development, the Early Learning Accomplishment Profile and the Hawaii Early Learning Profile (H.E.L.P.).

Acceptable documentation of the potential that a child age birth to 6 is or will become developmentally disabled includes, but is not limited to, medical records indicating an at-risk condition, results of an acceptable developmental assessment, or a signed statement from a licensed physician, licensed psychologist, or other professional trained in early childhood development specifying his/her clinical opinion as to the child's disability or delay.

In the absence of other qualifying circumstances, children with the following conditions are not eligible for services: congenital heart defect, muscular dystrophy, orthopedic disorders, speech delay involving only intelligibility, significant auditory impairment or significant visual impairment.

503 Application Process

Application will be made in the manner and on the forms specified in this chapter. It is the responsibility of the Support Coordinator to ensure that all applications including the referral source are entered into the ASSISTS within 48 hours of the signing of the application by the responsible person.

503.1 Referral Procedures

Referrals for DDD services may be accepted from a variety of sources, including the applicant, the applicant's family, public schools, hospitals, or other state agencies such as the Arizona Long Term Care System (ALTCs), Child Protective Services (CPS), Adult Protective Services

(APS), and Disability Determination Services (DDSA). Referrals may occur by phone, mail, or in person. The person receiving the referral should document the contact (Form DD-522, Intake Record, Appendix 500.B, is recommended) and ensure an intake worker is assigned according to local office procedures.

If the referral is from other than the applicant/responsible person, the intake worker should, within 5 working days, contact the applicant/responsible person, explain DES/DDD's services and eligibility criteria, and determine if the responsible person wishes to apply for services. If the responsible person cannot be contacted by phone, a letter should be sent asking the responsible person to contact the intake worker within 10 days of the date of the letter if application is desired. If the responsible person wishes to apply for services, the intake worker will schedule an intake interview, which should occur within 10 working days of the date of initial contact with the responsible person. If the responsible person does not wish to apply, cannot be located, or does not respond, the intake worker will document the result and close the case.

503.2 Intake Interview

The assigned intake worker will conduct the intake interview at the time and in the location mutually agreed upon during the initial contact with the responsible person. The intake process should include a face-to-face contact with the person for whom application is made.

The intake worker will complete the following during the intake interview:

- a. Form DD-023, Application for Eligibility Determination (Appendix 500.A);
- b. for persons age 6 and older, Form DD-525, Intake Application (Appendix 500.C);
- c. for children birth through age 5, Form J-008, Early Childhood Services Application (Appendix 500.H);
- d. for persons age 6 and above, the Inventory for Client and Agency Planning (ICAP);
- e. Form DD-524, Authorization to Release Information (Appendix 500.E), in sufficient quantity to send to each school, social services agency, psychologist, physician, and hospital who has served the applicant and who may have records needed to determine eligibility and/or plan appropriate services for the applicant. In particular, the intake worker will ensure that DES/DDD requests copies of medical records such as hospital discharge summaries, specialist's consultation reports, and results of any significant medical tests; and

- f. explain and provide a copy of PAD-195, Statement of Rights (Appendix 1500.A), and obtain the signature of the responsible person on Form DD-232 (Appendix 1500.B), Certificate of Understanding of Statement of Rights.

The Pre-PAS and Form DE-101, Application for AHCCCS Medical Benefits Part I, are required for some individuals following determination of DES/DDD Eligibility (See Section 506). The intake worker may wish to complete these at the time of the intake interview to facilitate the process.

The intake worker should request copies of the following documents during the intake interview:

- a. court documents relating to guardianship, if appropriate;
- b. birth certificate;
- c. social security card; and
- d. psychological evaluations, school records, medical records, or social service agency records applicable to determination of eligibility and/or identification of needs which may be in the possession of the individual/responsible person.

Prior to obtaining the responsible person's signature on the Application and Authorization to Release Information forms, the intake worker will explain:

- a. DES/DDD eligibility criteria;
- b. confidentiality rights;
- c. requirement to cooperate with ALTCS screening and application process;
- d. third party liability requirements;
- e. grievance and appeal rights;
- f. services available from DES/DDD; and
- g. services available from other agencies that might assist the applicant.

The intake worker will provide the applicant/responsible person with the following documents:

- a. mission and value statement, PAD-535;
- b. eligibility criteria, DD-640 (Appendix 500.F);

- c. the DDD information booklet, "Working With You", PAD-517; and
- d. voter registration materials, if appropriate.

503.3 **Proof of Age**

An applicant shall provide proof of age of the person to receive services by providing one of the following:

- a. alien documents;
- b. federal or state census records;
- c. hospital records of birth;
- d. copy of birth certificate;
- e. military records;
- f. notification of birth registration;
- g. religious records showing age of date of birth;
- h. dated school records showing age or school records showing date of birth;
- i. affidavit signed by the licensed physician, licensed midwife or other health care professional who was in attendance at the time of the birth, attesting to the date of birth;
- j. U.S. passport; or
- k. if an applicant has made all reasonable efforts to obtain documented verification as described above and has been unsuccessful, the application signed by the applicant shall be sufficient to verify age of the person to receive services.

A.A.C. R6-6-405(B)

504 **Eligibility Determination Process**

Determinations or redeterminations of eligibility are subject to review at any time by the DES/DDD Assistant Director or designee.

A.A.C. R6-6-303

Following the intake interview, the intake worker will immediately mail the signed Release of Information forms to the applicable agencies and

professionals in order to obtain needed medical, psychological, school, and social service records.

Eligibility must be determined within 30 days of receipt of the initial referral when the referral source is ALTCS. If records required to complete the eligibility determination have not been received within 15 days of the referral date, the applicant/responsible person will be notified by letter that the records must be received within 15 days of the letter or the application will be denied.

For infants and toddlers who are referred by or for AzEIP, eligibility must be determined within 30 days and an initial IFSP meeting held within 45 days of referral.

For all other applicants, eligibility should be determined within 60 days of the application date. If records required to complete the eligibility determination have not been received within 30 days of the application date, the applicant/responsible person should be notified by letter that records should be received within 30 days or the application may be denied.

For infants and toddlers, if the available records are not sufficient to determine eligibility, evaluation must be provided at no cost to the parent. Infants and toddlers who have not had evaluations should be referred to the DHS Developmental Assessment Clinics or to local AzEIP offices to obtain needed evaluation.

State funds may be used to purchase evaluations for the purpose of eligibility determination or redetermination only when all existing medical, psychological, social service, and educational records have been requested and reviewed and all other sources for funding the needed evaluation, including applicant financial resources, have been explored. District Program Manager (DPM) or designee approval is required.

In order to ensure consistency of eligibility decisions, each District Program Manager shall select a limited number of staff to make eligibility determinations and redeterminations. Each district's list of designated staff is subject to approval by the Assistant Director or designee. Individuals hired after the effective date of this policy shall not make eligibility determinations/redeterminations until they have attended training in the DES/DDD's eligibility policies and satisfactorily completed a written evaluation which ensures understanding of and ability to apply DES/DDD eligibility criteria. In addition, individuals hired after the effective date of this policy shall have all their decisions reviewed by experienced staff for at least 6 months.

Upon receipt of records, the intake worker will forward the entire intake file to the staff designated to make the eligibility determinations or redeterminations for that district/area. Designated staff will summarize the reasons for determination of eligibility or ineligibility with particular attention to describing functional limitations, when applicable.

Prior to determination or redetermination, the following types of situations shall be referred to the office of the DES/DDD Assistant Director or designee for specialized review and recommendation:

- a. traumatic brain injury occurring prior to age 18, in the absence of an appropriate rehabilitation history;
- b. pervasive developmental disorder, not otherwise specified or pervasive developmental disorder;
- c. Asperger's Disorder, if there is question as to whether the person has a developmental disability as defined by Arizona statute;
- d. individuals with an IQ in the cognitive disability range who have an Axis I mental health diagnosis, if the diagnosis of a developmental disability as defined by Arizona statute is questionable;
- e. individuals with a full scale IQ in the cognitive disability range, if there is a difference of one or more standard deviations between the performance IQ and the verbal IQ and the diagnosis of a developmental disability as defined by Arizona statute is questionable;
- f. cerebral palsy diagnosed after the age of 6;
- g. rare degenerative conditions, if the diagnosis of a developmental disability as defined by Arizona statute is questionable; or
- h. children under the age of 6 who have a significant medical disorder that impedes age appropriate functioning but the likelihood of developing one or the four developmental disabilities is unclear.

For these situations, the DES/DDD Assistant Director/designee shall ensure that all available records have been obtained and that the entire intake file is reviewed by the appropriate professional(s). The DES/DDD Assistant Director/designee shall maintain records regarding the disposition of each referral and identify trends in cases that are referred, coordinating the incorporation of this information into the DES/DDD's ongoing eligibility training.

The date of eligibility shall be the date the person making the eligibility determination signs and approves the application form (DD-023 - Appendix 500.A).

Upon eligibility determination, the intake worker or assigned district staff will update ASSISTS and send notice of the decision to the applicant/responsible person. Written notice of ineligibility and intent to deny an application shall be issued by certified mail, return receipt requested and shall include notice of appeal rights.

505 Redetermination of Eligibility

Reevaluation of eligibility shall be made prior to age 6. The Support Coordinator will ensure the DES/DDD file contains all current assessment and evaluation records and will forward the file to the individual designated to complete eligibility determinations/redeterminations for the district/area. That staff will review these records to ensure the child continues to meet the eligibility requirements as outlined in Section 502 of this Manual. A new application form is not required at age 6. The results of the reevaluation will be documented in the Support Coordinator's progress notes and entered into ASSISTS. If the reevaluation indicates that the child is no longer eligible, a notice of intended action as required by Chapter 2200 shall be sent by certified mail, return receipt requested, to the responsible person.

Redetermination of eligibility shall also be made at age 18. The individual/responsible person must sign an application form (DD-023 - Appendix 500.A) requesting continuation of services. The redetermination process shall follow the criteria and procedures outlined in Sections 502 through 504 above.

A reevaluation or redetermination may also be required at any time. For a child under the age of 6, as new information such as therapy, developmental, or psychological evaluations or updated medical records indicate that a strongly demonstrated potential that the child is or will become developmentally disabled no longer exists, a reevaluation of eligibility will be conducted.

Even though a person may at one time fully meet DES/DDD's eligibility criteria, effective services may later reduce functional limitations to the extent they are no longer substantial. When in the opinion of the DES/DDD Assistant Director or designee, after a review pursuant to A.A.C. R6-6-18, it is necessary for a person to receive continued services to maintain skills or prevent regression, the person will remain eligible for services.

A.A.C. R6-6-301(E)

506 Determination of ALTCS Eligibility

Following determination of eligibility for services from DES/DDD, newly eligible individuals shall be screened for referral to the Arizona Long Term Care System (ALTCS) unless the referral source was ALTCS. Persons who are identified from the screening as potentially eligible for ALTCS shall not receive state funded DDD services, except as outlined in Section 502.3, until AHCCCS determines the person is eligible or ineligible for ALTCS services.

A.R.S. §36-559(C)

Persons who meet the criteria for both the Resource Screening **and** the Functional Screening shall be referred to ALTCS.

506.1 Resource Screening for ALTCS

The criteria for the financial screening are cash resources less than \$2,000 and at least one of the following:

- a. receipt of Supplemental Security Income (SSI);
- b. eligible for TANF, SOBRA, or other MA categories; or
- c. monthly income not to exceed 300% of the maximum SSI benefit.

A child's income and resources will be considered in the eligibility determination. The income and resources of parents may be waived if the child would have been eligible to receive an ALTCS covered service within 30 days prior to the date of application for ALTCS.

The specific financial criteria used by ALTCS are extremely complicated. Whenever there is doubt about whether a person might meet ALTCS financial criteria, the individual should be referred to ALTCS.

506.2 Functional Screening for ALTCS

The age appropriate Pre-PAS evaluation (Forms DD-099, DD-099A - D, Appendix 500.I) must be completed for all applicants, unless the referral source was ALTCS.

The Support Coordinator should explain to the individual/responsible person that DES/DDD may not be able to provide services, other than Support Coordination, to non-ALTCS eligible individuals, consequently, the individual/responsible person may choose to apply for ALTCS, even though DES/DDD is not making a referral.

506.3 ALTCS Referral Procedures

Persons who meet both the financial and functional screening criteria will be referred to ALTCS by completion of Form DE-101, Application for AHCCCS Medical Benefits Part I (Appendix 500.G). The Support Coordinator shall assist the individual/responsible person to complete this form and to take or mail it to the local ALTCS Eligibility Office.

The Support Coordinator will ensure the individual/responsible person understands that the ALTCS eligibility process requires two steps: completion of the Part II Application via interview with an ALTCS

Eligibility Worker and completion of the Pre-Admission Screening (PAS) evaluation, via an interview with an ALTCS nurse and/or social worker. ALTCS may also refer an individual who is age 18 or over and not receiving SSI or SSA benefits to Disability Determination Services to establish disability.

The Support Coordinator may serve as Authorized Representative for ALTCS only for those individuals who are not able to complete the application process independently and who do not have a family member or guardian readily available to serve as the Authorized Representative. (See Section 1904).

506.4 **AHCCCS Roster**

The Support Coordinator must check the AHCCCS Roster in ASSISTS on a daily basis to determine if there are individuals newly eligible for ALTCS. If so, the Individual Support Plan (ISP) must be reviewed/developed in accordance with the timelines and procedures specified in Chapter 800.

506.5 **Appeal of ALTCS Eligibility Decisions**

The DES/DDD Support Coordinator may, upon request of the individual/responsible person, assist the individual to appeal a denial of ALTCS eligibility.

507 **Eligibility for the Arizona Early Intervention Program**

Part C funds may be used to serve only those children who meet the eligibility definition adopted by the Interagency Coordinating Council for Infants and Toddlers (ICC) for the Arizona Part C program, identified as AzEIP (Arizona Early Intervention Program).

AzEIP defines as eligible a child between birth and 36 months of age who is developmentally delayed, or who has an established condition which has a high probability of resulting in a developmental delay.

A child from birth to 36 months of age will be considered to exhibit developmental delay when that child has not reached 50 per cent of the developmental milestones expected at his/her chronological age, in one or more of the following domains:

- a. physical: fine and/or gross motor/sensory (including vision and/or hearing);
- b. cognitive/adaptive;

- c. language/communication;
- d. social/emotional; or
- e. self-help/adaptive.

Established conditions which are deemed to result in a high probability of developmental delay include, but are not limited to:

- a. chromosomal abnormalities;
- b. metabolic disorders;
- c. hydrocephalus;
- d. neural tube defects (e.g. spina bifida);
- e. intraventricular hemorrhage;
- f. periventricular leukomalacia;
- g. cerebral palsy;
- h. significant auditory impairment;
- i. significant visual impairment;
- j. failure to thrive; or
- k. severe attachment disorders.

Developmental delay shall be determined by a physician or person formally trained in early childhood development who evaluates the child through the use of culturally appropriate and recognized developmental tools, and eligibility shall be based on informed clinical opinion and parental input.

The following agencies have agreed, via an Interagency Service Agreement, to take primary Support Coordination responsibility for the following AzEIP eligible conditions:

- a. auditory impairment and visual impairment: Arizona State School for the Deaf and Blind (ASDB);
- b. metabolic disorders, neural tube defects, e.g., spina bifida and severe attachment disorders: Department of Health Services (DHS);
- c. chromosomal abnormality, e.g., Down syndrome, hydrocephalus, intraventricular hemorrhage, periventricular leukomalacia, cerebral palsy, and developmental delay (50% or more in one or more domains): DES/DDD; and

- d. failure to thrive: the diagnosis causing the failure to thrive will lead to the identification of the responsible primary agency.

In order for a child who is AzEIP eligible to receive services through DES/DDD, the child must also meet the DES/DDD eligibility criteria outlined in this chapter.

Part C funds may not be used to serve children eligible for DES/DDD who are "at risk" but who do not have a documented developmental delay or an established condition as defined by AzEIP (see above).

508 Voter Registration

At the time of intake, redetermination or change of address, DES/DDD Support Coordinators must offer each qualified person the opportunity to register to vote. Qualified persons are defined as:

- a. is a citizen of the United States;
- b. will be eighteen (18) years of age or more on or before the next general election;
- c. will have been a resident of the state twenty-nine (29) days immediately preceding the election;
- d. is able to write his/her name or make his/her mark, unless prevented from doing so by physical disability;
- e. has not been convicted of treason or a felony, unless restored to civil rights; and
- f. has not been adjudicated an incapacitated person as defined in A.R.S. § 14-5101.

If the individual wishes to register, the Support Coordinator will provide the registration form and any needed assistance. Upon completion of the registration form, the Support Coordinator will mail the form to the County Recorder within five (5) calendar days.

If the individual does not want assistance in completing the form, he/she may take the form and complete it at his/her discretion. At this point, the Support Coordinator has no further responsibility for Voter Registration.

If the individual is already registered or does not want to register, the Support Coordinator will have them sign a declination form (Appendix 500.J). If the individual refuses to complete the declination form, the Support Coordinator will do it for him/her and initial it.

Each office will have a designated staff who is responsible for retaining all declination forms. This staff will mail a Batch Report (Appendix

500.K) to the Special Projects Coordinator in Central Office who will compile them and send them to the Secretary of State each quarter. At the same time, this staff will send completed declination forms to the Special Projects Coordinator to be retained for two (2) years.

Voter registration forms will be provided to each office by the County Recorder. The designated staff person for each office is responsible to insure sufficient blank forms are available at all times.

P.L 103.31 § 7
A.R.S. § 16-101
A.R.S. § 14-5101